ASP-500 (Rev. 03/06)

ARKANSAS STATE POLICE



Morgan Nick Amber Alert Initial Reporting Form

SECTION I (ID/TIME/LOCATION)	
(a) Full name of missing child	
(b) City or community where child was last seen	
(c) County where child was last seen	
(d) Day & date child was last seen	
(e) Exact time child was last seen AM PM	
(f) Exact address where child was last seen	
(g) Known landmarks at or near location where child was last seen	
SECTION II (THREAT OF IMMINENT DANGER)	
(a) Is the missing child believed to be in imminent danger?	
(b) Is there evidence the child was abducted?	
SECTION III (PERSONAL INFORMATION & DESCRIPTION)	
Race or ethnicity & sex of the missing child Male Female	
(b) Color and style of hair (f) Color of eyes	
(c) Complexion (g) DOB	
(d) Height (h) Weight	
(e) Description of clothing the child was last seen wearing any personal items in possession of the child.	
SECTION IV (SUPPLEMENTAL)	
(a) Name & DOB of individual who may be with the missing child.	
(b) Description of individual who may be with missing child.	
(c) Description of vehicle being driven by individual who may be with missing child.	
SECTION V (INVESTIGATIVE AUTHORITY & CONTACT INFORMATION)	
(a) Name of local law enforcement agency making request for alert activation	
(b) Name of authorizing sheriff or police chief Signature of Sheriff/Chief or Authorized Agency Comma	nder
(c) 24 / 7 telephone number for call back from the public	
THE FOLLOWING FIELDS ARE TO BE FILLED IN BY ASP TROOP A TELECOM	
(a) Responding CID S/A(c) ASP Supervisor authorizing alert	
(b) Log time initial report was received by ASP Troop A (d) Log time of alert activation	
Notes:	